KENTUCKY REAL ESTATE APPRAISERS BOARD 2480 FORTUNE DRIVE, STE. 120 LEXINGTON, KY 40509

PHONE: (859) 543-8943 FAX: (859) 543-0028 Web Site: kreab.ky.gov

HOW TO APPLY FOR AN APPRAISER LICENSE/CERTIFICATION BY RECIPROCITY

- Complete the APPRAISAL LICENSE/CERTIFICATION BY RECIPROCITY APPLICATION.
- Include a copy of the license/certification issued by the Appraiser licensing or certifying agency.
- Incomplete applications will be returned to the applicant noting what additional documentation is needed.
- Mail the completed application to:

KENTUCKY REAL ESTATE APPRAISERS BOARD 2480 FORTUNE DRIVE, SUITE 120 LEXINGTON, KY 40509

• If you have any questions, please feel free to contact the Board at (859) 543-8943

RECIPROCAL STATES

Alabama	Maine	North Dakota	Texas
Arizona	Maryland	Ohio	Washington
California	Missouri	Oregon	West Virginia
Colorado	New Hampshire	Pennsylvania Wyoming	
Georgia	New York	South Dakota	
Illinois	North Carolina	Tennessee	

Indiana – Reciprocal agreement for classifications of Certified General & Certified Residential. The individual must have been licensed in Indiana for at least two (2) years.

Pennsylvania - Reciprocal agreement for classifications of Certified General & Certified Residential.

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APPLICATION FOR APPRAISAL LICENSE/CERTIFICATION BY RECIPROCITY

Please print in ink or type 1. Name: _____ First MI Last 2. Business Information: • Firm Name: • City: _____ State ____ Zip ____ • Phone: () ______ County _____ 3. Residence Information: • Address: • City: _____ State ____ Zip ____ • Phone: () _____ County ____ 4. Date of Birth: Social Security No. 5. Type of License/Certification Applying For: _____ Certified Residential ____ Certified General _____ Licensed Real Property 6. Are you a licensed/certified appraiser in any other state? _____ No _____ Yes IF YES, WHICH STATE (S)

pr Ap lav giv	ovisions of KRS Chapter 324A and the Regulations of the Kentucky Real Estate opraisers Board, swear that I have read and am thoroughly familiar with said ws, and agree to fully comply with them. I further swear that all the information wen in this application is true to the best of my knowledge and belief. Oplicant's Signature Obscribed and sworn to before me this day of 20 The sy commission expires day of 20				
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I,	OMPLETE THE ATTACHED "OATH AND AFFIDAVIT" the undersigned, in making this application to the Kentucky Real Estate opraisers Board for a license/certificate to conduct real estate appraisals under the				
	No Yes If yes, explain in detail on separate sheet.				
9.	Have you ever had an appraisal license/certification denied, suspended or revoked in this or any other state?				
	No Yes If yes, explain in detail on separate sheet.				
0.	3. Have any legal actions or professional ethics proceedings been brought against you in your professional appraisal practice?				
0	110 105 II yes, list offense, date and focution.				
0	offenses) No Yes If yes, list offense, date and location.				

OATH & AFFIDAVIT

I do hereby acknowledge that I have knowledge of and comply with the standards set forth in KRS Chapter 324, Kentucky Administrative Regulations, and understand the types of misconduct for which disciplinary proceedings may be initiated against me pursuant to said law. I further authorize the Kentucky Real Estate Appraisers Board or their agents to conduct a criminal records check.

I do further authorize the Kentucky Real Estate Appraisers Board to inform (1) those entities selected by the Board of any disciplinary action taken by the Appraisers Board and the basis for that action; and (2) any state in which I have the authority or any state which I may apply for the authority to perform any appraisal activities involving federally related transactions pursuant to Title XI of Financial Institutions Reform, Recovery, and Enforcement Act (FIRREA) of 1989.

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The Statements and information contained herein, with attachments, are made under oath, and any material misrepresentation shall be punishable as perjury, in the first degree, a felony crime, (KRS: 523.020) and shall also be grounds for suspension, revocation or refusal to renew any license/certification granted pursuant to same.

Affidavit: State of	County
	aintiff may reside, by the service of any vs of the Commonwealth. Such service d held in all courts to be as valid and
By making this application and by signing of the Commonwealth of Kentucky, and Commonwealth of Kentucky as my agent	I designate the Secretary of State of the
(Signa	ature of Applicant)
Subscribed and sworn to before me this	day of 20
Notary Public	My Commission Expires